



Arkansas HOSA Northwest Fall Conference 2009-2010

Date: Wednesday, October 14, 2009

Time: 9:00 am – 3:30 pm

Location: The Jones Center – LIFE Adventure Center
922 East Emma Ave.
Springdale, AR

Registration Fee: \$40.00 payable to Arkansas HOSA
Includes Lunch

Registration

Deadline: ALL FORMS, PAYMENT, AND REGISTRATION INFORMATION due
to Arkansas HOSA State Office BY September 25, 2009.

ADVISORS: BRING A COPY OF ALL FORMS WITH YOU TO THE CONFERENCE

Name of School

Address of School

City

Zip

School Phone Number

Fax Number

Advisor Name

Advisor CELL Number

Advisor E-Mail Address

Each participant MUST submit the following:

FULL Payment for Registration

COMPLETED Arkansas HOSA Medical and Release of Liability Form

COMPLETED LIFE Adventure Center Assumption of Risk and Release of Liability

Arkansas HOSA Northwest Fall Conference

October 14, 2009

LIFE Adventure Center Registration Summary

Participant Type Student Advisor Chaperone	First Name	Last Name	AR HOSA Liability Completed	LIFE Center Assumption of Risk & Release Completed	Registration Fee
					\$40.00
					\$40.00
					\$40.00
					\$40.00
					\$40.00
					\$40.00
					\$40.00
					\$40.00
TOTALS					

Submit Registration Summary Form with Payment(s) and additional forms to Arkansas HOSA, 3 Capitol Mall, Room 505D, Little Rock, AR 72201 or FAX to 501/682-1271 NO LATER THAN September 25, 2009. ADVISORS-BRING A COPY OF ALL DOCUMENTS WITH YOU

Arkansas HOSA Medical and Liability Release Form

DIRECTIONS: Dues to legal restrictions, it is necessary that all delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend all HOSA AND ARKANSAS Conferences. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. In turn, the HOSA State Advisor will make a copy for his/her files and mail the original forms to National HOSA (when applicable). Please check with your state advisor of the state due dates, which will be prior to each conference.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate

Name _____

Parent/Guardian

Name _____

Home Address _____

Parent/Guardian/Telephone: _____ Home: _____ Work: _____

Student's Physician: _____ Phone: _____

Physician's Address: _____

Alternate Contact: _____

Telephone Number: _____ Home: _____ Work: _____

Local Advisor: _____ School Name: _____

Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information:

Name of insured: _____ Insurance Company: _____

Group #: _____ Policy #: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

- | | |
|-------------------------------|-------------------------------|
| a. Allergies: _____ | e. Physical Handicap: _____ |
| b. Convulsions: _____ | f. Medicine Reactions: _____ |
| c. Blackouts: _____ | g. Disease of any kind: _____ |
| d. Heart/lung problems: _____ | h. Other (be specific): _____ |

If currently taking medication, please provide the following information:

Name of medication: _____ Prescribing Physician/Phone Number: _____

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release ARKANSAS HOSA and National HOSA Board of Directors, the National Staff, State, and Local HOSA Association, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or may student/child's participation in or contact with any known element associated with an activity including competitive events.

PARENT/GUARDIAN: Please check one of the following and sign your name.

☐ I give my permission for immediate medial treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

☐ I do NOT give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: _____ Date: _____

(Applicable for delegates und the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Charles N. McKinney LIFE Adventure Center
Jones Center for Families, Inc.

AGREEMENT TO PARTICIPATE:
ASSUMPTION OF RISK AND RELEASE OF LIABILITY
Please read before signing

WHEREAS, THE UNDERSIGNED ("The Applicant") wishes to participate in a Challenge Course Program at the Charles N. McKinney LIFE Adventure Center at the Jones Center for Families, Inc. to be organized and conducted by approved Challenge Course Instructors.

The undersigned acknowledge(s) that during the said Challenge Course Program that the applicant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of depending on other people and being at various heights (ground to 33'), involvement and participation in exercises which are by their nature, physically demanding and will possibly subject the applicant to stress, anxiety and possible hazards, not at all which is foreseen. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents that may occur, including accidents resulting from this challenge course experience or other type of outdoor activities. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the elements of nature, including the possibility of temperature extremes and mild inclement weather.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this Challenge Course Program. I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the program. I also understand that the Jones Center for Families, Inc. and all of its representatives are in no position to determine whether I'm capable to participate in this program. My participation in this program is based on my decision to do so.

In consideration of, and as part payment for the right to participate in such a program for me by the Charles N. McKinney LIFE Adventure Center – Jones Center for Families, Inc. its Trustees, Community Board Officers & Members, Directors, Employees, Agents, or Associates I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the program which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind of nature whatsoever, whether for bodily injury, property damage or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities. In short, I cannot sue the Charles N. McKinney LIFE Adventure Center – Jones Center for Families, Inc., and if I do I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against the Charles N. McKinney LIFE Adventure Center – Jones Center for Families, Inc. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my physical involves risk of injury. I also understand that my participation in this Charles N. McKinney LIFE Adventure Center – Jones Center for Families, Inc. program is entirely VOLUNTARY. I enter into this program and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

Date of signature: _____

Name of participant (Please print then signature) _____

Address: _____ City: _____ Zip: _____ Phone: _____

DATE OF SIGNATURE _____

SIGNATURE OF Parent or Guardian (for participants under the age of 18) _____

DATE OF SIGNATURE _____

SIGNATURE OF L.A.C. FACILITATOR _____



LIFE Adventure Center

Benefits.

To challenge and improve teamwork.

To encourage interactive communication and cooperation.

To challenge and improve problem solving skills.

To expand and encourage leadership.

To prompt creative thinking.

To increase positive morale and heighten self-confidence.

To examine possibilities for positive life changes.

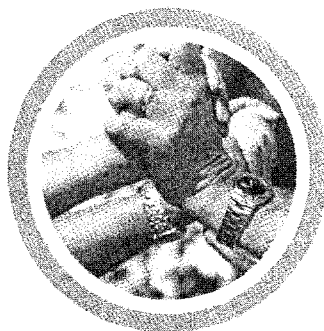
The LIFE Adventure Center's certified staff will work with you and your team to customize an experience to meet your desired outcomes and objectives. Our goal is to provide you with a high quality program where the individual and team is challenged to stretch themselves to positive LIFE changing experiences.

This unique experiential education and ropes course complex is located on 2.5 acres of the Jones Center for Families property. The complex includes an open area for ground based, game type activities as well as the following challenges:

20 Low Elements

14 High Elements

63' Climbing - Rappelling Tower



Out of the 14 high elements, eight team elements are designed to challenge two participants to work together to accomplish the element's objectives.

"This experience impacted the team by bringing us all closer together and by opening up the lines of communication."

- Participant
Children's Safety Center

"The afternoon was engaging, educational, and very enjoyable. I truly believe that we left the ropes course a stronger team than when we arrived."

- Jay Ellis, Director of Sales Strategy
Dreyer's and Edy's Grand Ice Cream

For more information about group fees or to schedule a session, visit us on the web at: www.jonesnet.org

or contact

LIFE Adventure Center
479.765.8090 x2109

